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GAMMIS Batch and Interactive Health Care Claim Status Request and Response Transaction 276/277 Companion Guide 004010 X093A1

Georgia Medicaid Management Information System
Fiscal Agent Services Project

Version 1.5

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 276 Transaction Set is used to transmit Health Care Claim Status Inquiries from health care providers, clearinghouses and other health care claims adjudication processors. The 276 Transaction Set can be used to make an inquiry on claim(s) for specific Georgia Medicaid members.

It is mandatory under HIPAA that the Georgia Department of Community Health (DCH) is able to accept this transaction set to create Health Care Claim Status Responses.

The 276/277 Health Care Claim Status Inquiry/Response will be available for both batch and real-time processing. Real-time processing will be accepted through direct connect lines and a response will be sent. The direct connect option is typically used by switch vendors or Value Added Networks (VANs).

The 276 batch transaction will be accepted via the Georgia Medicaid secure Web site or the dial-up connection.



Special Considerations for 276/277 Transactions

1. Subscriber, Insured = Member in the Georgia Medicaid Eligibility Verification System:

The Georgia Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/recipients are primary subscribers within each program or Managed Care Organization. If Dependent Level Segments are received, they will be ignored during processing and will not be returned in the response.

2. Logical File Structure:

- a. For Batch 276/277 transaction there can be only one interchange (ISE/IEA) per logical file. The interchange can contain multiple functional groups (GS/GE) however; the functional groups must be the same type.
- b. For Interactive 276/277 transactions there can be only one interchange (ISA/IEA), one functional group (GS/GE) and one transaction (ST/SE) per logical file. Within the transaction (ST/SE) there can only be one request. This has been defined as one subscriber (2000D Loop) within the transaction (ST/SE) along with only one occurrence of the inquiry methods documented in section 6 (Inquiry by Provider ID, Member ID, Dates of Service and Billed Amount or Inquiry by Name and TCN/ICN).

3. Compliance Checking:

Inbound 276 transactions are validated through SNIP Level 4. All other levels will be validated within the Georgia Medicaid Management Information System (GAMMIS).



2 Transmission and Data Retrieval Methods

HP Enterprise Services supports several types of data transport depending upon the provider's, trading partners or billing agent's needs. Providers and their representatives submit and receive data using: Web Portal, Remote Access Server (RAS), Secure File Transfer Protocol (SFTP) and/or Value Added Networks (VANs) for interactive transactions.

1. Web portal: Data is transmitted using the secure Web Portal. The Web Portal is normally available to customers 24 hours per day, seven days per week with the exception of scheduled maintenance. Submission options are Direct Data Entry (DDE) and Batch. The GAMMIS Web Portal (as a single gateway) is an important tool providing general and program specific information and links to other programs, applications, related agencies, and resources. The Web Portal has both secure (intranet) and non-secure (public internet) areas.
2. Remote Access Server (RAS): The RAS enables providers to access all options of the secure Web portal without the use of an Internet Service Provider. This option is available to users who do not have an existing Internet connection. The RAS server typically supports users that need a dial-up option. Trading partner data transmitted using the RAS can be transmitted the same as the Internet secure site using DDE or upload batch transactions.

After the connection is established, the landing page is presented. A user either logs on and is presented with their secure provider page, or selects 'register' if they are a first-time user.

Once logged on, the user will have access to the various secure Web portal options, including File Upload and File Download for EDI transactions.

3. Secure File Transfer Protocol (SFTP): SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. Secure Shell or SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

This option allows provider, vendors, and all other trading partners to transfer claim files to HP Enterprise Services using the secure file transfer protocol server. Trading partners must notify us specifically if wishing to use this transmission method to transmit files.

HP Enterprise Services requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

4. Value Added Networks (VANs): VANs support interactive transactions for established vendors. VANs sign contracts with the State and set up unique VAN-specific communication arrangements with HP Enterprise Services.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at www.mmis.georgia.gov.



2.1 File/System Specifications

EDI will only accept Windows\PC\DOS formatted files.

EDI will allow upload and download of zipped or compressed files.

EDI requires file extensions. Preferred extension is .dat, however other extensions such as .txt, .edi, .txn are allowed.

Note: Only one X12 transaction file is permitted in each “zipped” file. Any file size that is 5MB or larger is required to be zipped or compressed.

The Web portal is designed, but not limited to support the following Internet browsers:

1. Internet Explorer, version 6 or later
2. Firefox, version 1.5 or later



3 Transmission Responses

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and a 277 Claim Status Response.

Once a transaction is received, it will go through a 'front end' compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

For Batch:

Once the 276 transaction has passed the 'front end' compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guide. The 276 transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contains no syntactical errors, a positive 997 response will be generated, the 276 transaction is passed on for processing and a 277 transaction will be generated.

For Interactive:

If the 276 transaction fails compliance, a 997 will be returned. Once the 276 transaction has passed the 'front end' compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guide. If the transaction contains no syntactical errors, the 276 transaction is passed on for processing and a 277 transaction will be generated.



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4 EDI Support

The HP Enterprise Services EDI Service Team is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software
3. Provide assistance to billing agents, clearinghouses and software vendors
4. Identifying and troubleshooting technical issues
5. Data Exchange help

The EDI staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 877-261-8785 or 770-325-9590.



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5 Control Segment Definitions for Florida Medicaid 276/277 Transaction

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 276/277 HIPAA Implementation Guide.

| X12N EDI Control Segments |
|---|
| ISA – Interchange Control Header Segment |
| IEA – Interchange Control Trailer Segment |
| GS – Functional Group Header Segment |
| GE – Functional Group Trailer Segment |
| ST – Transaction Set Header |
| SE – Transaction Set Trailer |
| TA1 – Interchange Acknowledgement |

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

| 276/277 Claim Status Request/Response | | | | |
|--|-------------|----------------|---|--|
| Page | Loop | Segment | Data Element | Comments |
| B.3 | N/A | ISA | ISA01 - Authorization Information Qualifier | '00' – No Authorization Information Present |
| B.3 | N/A | ISA | ISA02 - Authorization Information | [space fill] |
| B.4 | N/A | ISA | ISA03 - Security Information Qualifier | '00' – No Security Information Present |
| B.4 | N/A | ISA | ISA04 - Security Information | [space fill] |
| B.4 | N/A | ISA | ISA05 - Interchange ID Qualifier | 'ZZ' – Mutually Defined |
| B.4 | N/A | ISA | ISA06 - Interchange Sender ID | 276: 'Trading Partner ID' Supplied by Georgia Medicaid left justified and space filled. The Trading Partner ID, will be the same Trading Partner ID used in |



| 276/277 Claim Status Request/Response | | | | |
|--|-------------|----------------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| | | | | <p>current system.</p> <p>277: '77034' – GA MMIS Trading Partner ID.</p> <p>Left justified and space filled.</p> <p>Note: Current system this value was 100000.</p> |
| B.4 | N/A | ISA | ISA07 - Interchange ID Qualifier | 'ZZ' – Mutually Defined |
| B.5 | N/A | ISA | ISA08 - Interchange Receiver ID | <p>276: '77034' – GA MMIS Trading Partner ID.</p> <p>Left justified and space filled.</p> <p>Note: Current system this value was 100000.</p> <p>277: 'Trading Partner ID' Supplied by Georgia Medicaid left justified and space filled. The Trading Partner ID, will be the same Trading Partner ID used in current system.</p> |
| B.5 | N/A | ISA | ISA09 - Interchange Date | The date format is YYMMDD. |
| B.5 | N/A | ISA | ISA10 - Interchange Time | The time format is HHMM. |
| B.5 | N/A | ISA | ISA11 - Interchange Control Standards Identifier | 'U' – Interchange Control Standards Identifier |
| B.5 | N/A | ISA | ISA12 - Interchange Control Version Number | '00401' – Control Version Number |
| B.5 | N/A | ISA | ISA13 - Interchange Control Number | Interchange Unique Control Number |
| B.6 | N/A | ISA | ISA14 - Acknowledgment Request | <p>276: '1' – Acknowledgement Requested</p> <p>277: '0' – No Acknowledgement Requested</p> |
| B.6 | N/A | ISA | ISA15 - Usage Indicator | 'T' - Test Data |



| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|-------------------------------------|-----------------------------------|
| Page | Loop | Segment | Data Element | Comments |
| | | | | 'P' - Production Data |
| B.6 | N/A | ISA | ISA16 - Component Element Separator | '.' - Component Element Separator |

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|--|---|
| | Loop | Segment | Data Element | Comments |
| B.7 | N/A | IEA | IEA01 - Number of included Functional Groups | Number of included Functional Groups |
| B.7 | N/A | IEA | IEA02 - Interchange Control Number | Must be identical to the value in ISA13 |

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|------------------------------------|---|
| Page | Loop | Segment | Data Element | Comments |
| B.8 | N/A | GS | GS01 - Functional ID Code | 276: 'HR' – Health Care Claim Status 277: 'HN' – Health Care Claim Status Notification |
| B.8 | N/A | GS | GS02 - Application Sender's Code | This will be equal to the value in ISA06. |
| B.8 | N/A | GS | GS03 - Application Receiver's Code | This will be equal to the value in ISA08. |
| B.8 | N/A | GS | GS04 - Date | The date format is CCYYMMDD. |



| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|---|---|
| Page | Loop | Segment | Data Element | Comments |
| B.8 | N/A | GS | GS05 – Time | The time format is HHMM. |
| B.9 | N/A | GS | GS06 - Group Control Number | Group Control Number |
| B.9 | N/A | GS | GS07 - Responsible Agency Code | 'X' – Responsible Agency Code |
| B.9 | N/A | GS | GS08 - Version/ Release/ Industry ID Code | '004010X093A1' – Version / Release / Industry Identifier Code |

5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| B.10 | N/A | GE | GE01 – Number of Transaction Sets Included | Number of included Transaction Sets |
| B.10 | N/A | GE | GE02 – Group Control Number | Must be identical to the value in GS06. |

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| 49/125 | N/A | ST | ST01 – Transaction Set Identifier Code | '276' – Health Care Claim Status Request '277' – Health Care Claim Status Notification |
| 49/125 | N/A | ST | ST02 – Transaction Set | Transaction Control Number |



| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|----------------|----------|
| Page | Loop | Segment | Data Element | Comments |
| | | | Control Number | |

5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

| 276/277 Claim Status Request/Response | | | | |
|---------------------------------------|------|---------|---------------------------------------|---|
| Page | Loop | Segment | Data Element | Comments |
| 120/234 | N/A | SE | SE01 – Number of Included Segments | Total Number of Segments included in Transaction Set Including ST and SE. |
| 120/234 | N/A | SE | SE02 – Transaction Set Control Number | Must be identical to the value in ST02. |

5.7 Interchange Acknowledgement

The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure

| 276 Claim Status Request | | | | |
|--------------------------|------|---------|------------------------------------|--|
| Page | Loop | Segment | Data Element | Comments |
| B.11 | N/A | TA1 | TA101 - Interchange Control Number | Interchange control number of the original interchange received (ISA/IEA) |
| B.11 | N/A | TA1 | TA102 - Interchange Date | The date format is YYMMDD. Date within the original interchange received (ISA/IEA) |
| B.11 | N/A | TA1 | TA103 - Interchange Time | The time format is HHMM. Time within the original interchange received (ISA/IEA) |



| 276 Claim Status Request | | | | |
|---------------------------------|-------------|----------------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| B.12 | N/A | TA1 | TA104 - Interchange Acknowledgement Code | 'A' – Transmitted interchange control structure header/trailer received without errors. 'E' – Transmitted interchange control structure header/trailer received and accepted, errors are noted. 'R' – Transmitted interchange control structure header/trailer rejected due to errors. |
| B.12 | N/A | TA1 | TA105 - Interchange Note Code | See 276/277 Implementation Guide for valid values |

5.8 Valid Delimiters

The following delimiters must be used for the 276 Claim Status Inquiry for Georgia Medicaid; otherwise the transaction will not process correctly.

| Definition | ASCII | Decimal | Hexadecimal |
|----------------------------|--------------|----------------|--------------------|
| Segment Separator | ~ | 126 | 7E |
| Element Separator | * | 42 | 2A |
| Compound Element Separator | : | 58 | 3A |

The above delimiters will also be used for the 277 Claim Status Response for Georgia Medicaid; unless otherwise requested by a trading partner.



6 Companion Guide For The 276 Transaction

| 276 Claim Status Request | | | | |
|--|-------------|----------------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| Information Source Level | | | | |
| 52 | 2000A | HL | HL03 - Hierarchical Level Code | '20' – Information Source |
| 53 | 2000A | HL | HL04 - Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Payer Name | | | | |
| 55 | 2100A | NM1 | NM103 - Name Last or Organization Name | 'GEORGIA HEALTH PARTNERSHIP' |
| 55 | 2100A | NM1 | NM108 - Identification Code Qualifier | 'PI' – Payer Identification |
| 56 | 2100A | NM1 | NM109 - Identification Code | '77034' – Georgia Medicaid Payer ID |
| Note: Previous System allowed the 2100A PER segment. New system will not capture if sent on request and PER information from this loop will not be returned on the 277. Decision was based on the removal of this segment for version 5010. | | | | |
| Information Receiver Level | | | | |
| 61 | 2000B | HL | HL03 – Hierarchical Level Code | '21' – Information Source |
| 61 | 2000B | HL | HL04 - Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Information Receiver Name | | | | |
| 63 | 2100B | NM1 | NM108 - Identification Code Qualifier | '46' – Electronic Transmitter Identification Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI) |
| 63 | 2100B | NM1 | NM109 - Identification Code | If NM108='46', NM109 equals Georgia Medicaid Provider Number or Submitters (ETIN) If NM108='XX', NM109 equals Provider NPI. |



| 276 Claim Status Request | | | | |
|-------------------------------------|-------------|----------------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| Service Provider Level | | | | |
| 66 | 2000C | HL | HL03 - Hierarchical Level Code | '19' – Service Provider |
| 66 | 2000C | HL | HL04 - Hierarchical Child Code | '1' - No Subordinate HL Segment Hierarchical Structure |
| Service Provider Name | | | | |
| 68 | 2100C | NM1 | NM108 - Identification Code Qualifier | 'SV' - Georgia Medicaid Service Provider Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI) |
| 69 | 2100C | NM1 | NM109 - Identification Code | If NM108='SV', NM109 equals Georgia Medicaid Provider If NM108='XX', NM109 equals Provider NPI. |
| Subscriber Level | | | | |
| 71 | 2000D | HL | HL03 - Hierarchical Level Code | '22' - Subscriber |
| 71 | 2000D | HL | HL04 - Hierarchical Child Code | '0' - No Subordinate HL Segment Hierarchical Structure |
| Subscriber Name | | | | |
| 74 | 2100D | NM1 | NM101 - Entity Identifier Code | 'QC' – Patient |
| 75 | 2100D | NM1 | NM102 - Entity Type Qualifier | '1' – Person |
| 75 | 2100D | NM1 | NM103 - Name Last or Organization Name | Member Last Name |
| 75 | 2100D | NM1 | NM104 - Name First | Member First Name |
| 75 | 2100D | NM1 | NM108 - Identification Code Qualifier | 'MI' – Member Identification Number |
| 75 | 2100D | NM1 | NM109 - Identification Code | Georgia Member Medicaid ID |
| Claim Submitter Trace Number | | | | |
| 77 | 2200D | TRN | TRN01 - Trace Type Code | '1' – Transaction Trace Number |
| 77 | 2200D | TRN | TRN02 - Reference | Submitter Trace Number – This |



| 276 Claim Status Request | | | | |
|--|-------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| | | | Identification | number will be echoed back in the 277 |
| Note: Previous System allowed the 2200D-REF02, where REF01=EA (Medical Record Number). New system will not capture if sent on request and it will not be returned on the 277. Decision was based on the removal of this segment for version 5010. | | | | |
| Other 2200D-REF segments that are allowed within the 276 transaction if received will be returned on the 277 transaction. | | | | |
| Inquiry by Name, Dates of Service and Billed Amount | | | | |
| 84 | 2200D | AMT | AMT01 - Amount Qualifier Code | 'T3' – Total Submitted Charges |
| 85 | 2200D | AMT | AMT02 - Monetary Amount | Total Claim Charge Amount |
| 86 | 2200D | DTP | DTP01 - Date Time Qualifier | '232' – Claim Statement Period Start |
| 87 | 2200D | DTP | DTP02 - Date Time Period Format Qualifier | 'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 87 | 2200D | DTP | DTP03 - Date Time Period | 'CCYYMMDD-CCYYMMDD' |
| Inquiry by Name and TCN/ICN | | | | |
| 103 | 2200D | REF | REF01 - Reference Identification Qualifier | '1K' – Payor's Claim Number |
| 103 | 2200D | REF | REF02 - Reference Identification | 13 or 17 digit (ICN/TCN). Required if accessing information by ICN/TCN. |
| Service Line Information | | | | |
| 89 | 2210D | SVC | SVC01-1 - Product Service ID Qualifier | Values listed in Implementation Guide |
| 90 | 2210D | SVC | SVC01-2 – Product/Service ID | Product/Service ID Note: If the value in SVC01-1 = 'NU' this element will equal the Revenue Code and the SVC04 will not be used. |
| 90 | 2210D | SVC | SVC02 – Monetary Amount | 'Original Submitted Charge' |



| 276 Claim Status Request | | | | |
|---|-------------|----------------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| Service Line Item Identification | | | | |
| 91 | 2210D | REF | REF01 – Reference Identification Qualifier | 'FJ' – Line Item Control Number |
| 92 | 2210D | REF | REF02 – Reference Identification | Line Item Control Number that was submitted on the original 837 |
| Service Line Item Date | | | | |
| 93 | 2210D | DTP | DTP01 – Date Time Qualifier | '472' – Service |
| 92 | 2210D | DTP | DTP02 – Date Time Period Format Qualifier | 'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 92 | 2210D | DTP | DTP03 – Date Time Period | Service Line Date submitted on the original 837 |



7 Companion Guide For The 277 Transaction

| 277 Claim Status Response | | | | |
|----------------------------------|-------------|----------------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| Header | | | | |
| 126 | N/A | BHT | BHT01 - Hierarchical Structure Code | '0010' – Information Source |
| 126 | N/A | BHT | BHT02 - Transaction Set Purpose Code | '08' – Status |
| 126 | N/A | BHT | BHT03 - Reference Identification | 'YYMMDDTHHMISSsenderID'- This value is the date/time/senderID of when the 277 response was created. |
| 127 | N/A | BHT | BHT06 - Transaction Type Code | 'DG' - Response |
| Information Source Level | | | | |
| 128 | 2000A | HL | HL01 - Hierarchical ID Number | '1' – Hierarchical ID Number |
| 128 | 2000A | HL | HL03 - Hierarchical Level Code | '20' – Information Source |
| 129 | 2000A | HL | HL04 - Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Payer Name | | | | |
| 130 | 2100A | NM1 | NM101 - Entity Identifier Code | 'PR' – Payer |
| 131 | 2100A | NM1 | NM102 - Entity Type Qualifier | '2' – Non-Person Entity |
| 131 | 2100A | NM1 | NM103 - Name Last or Organization Name | 'GEORGIA HEALTH PARTNERSHIP' |
| 131 | 2100A | NM1 | NM108 - Identification Code Qualifier | 'PI' – Payor Identification |
| 132 | 2100A | NM1 | NM109 - Identification Code | '77034' – Georgia Medicaid Payer ID |



| 277 Claim Status Response | | | | |
|-----------------------------------|-------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| Information Receiver Level | | | | |
| 136 | 2000B | HL | HL01 - Hierarchical ID Number | '2' – Hierarchical ID Number |
| 136 | 2000B | HL | HL02 - Hierarchical Parent ID Number | '1' – Parent ID Number |
| 137 | 2000B | HL | HL03 – Hierarchical Level Code | '21' – Information Receiver |
| 137 | 2000B | HL | HL04 - Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Information Receiver Name | | | | |
| 138 | 2100B | NM1 | NM101 - Entity Identifier Code | '41' – Submitter |
| 139 | 2100B | NM1 | NM102 - Entity Type Qualifier | '2' – Non-Person Entity |
| 139 | 2100B | NM1 | NM103 - Name Last or Organization Name | Information Receiver Name |
| 139 | 2100B | NM1 | NM108 - Identification Code Qualifier | '46' – Electronic Transmitter ID Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI) |
| 140 | 2100B | NM1 | NM109 - Identification Code | Information Receiver ID Number |
| Service Provider Level | | | | |
| 141 | 2000C | HL | HL01 - Hierarchical ID Number | '3' – Hierarchical ID Number |
| 141 | 2000C | HL | HL02 - Hierarchical Parent ID Number | '2' - Parent ID Number |
| 142 | 2000C | HL | HL03 - Hierarchical Level Code | '19' – Subscriber Information |



| 277 Claim Status Response | | | | |
|----------------------------------|-------------|----------------|---|--|
| Page | Loop | Segment | Data Element | Comments |
| 142 | 2000C | HL | HL04 - Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Provider Name | | | | |
| 143 | 2100C | NM1 | NM101 - Entity Identifier Code | '1P' – Provider |
| 143 | 2100C | NM1 | NM102 - Entity Type Qualifier | '2' – Non-Person Entity |
| 144 | 2100C | NM1 | NM103 - Name Last or Organization Name | Provider or Organization Last Name |
| 144 | 2100C | NM1 | NM108 - Identification Code Qualifier | 'SV' – Service Provider Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI) |
| 145 | 2100C | NM1 | NM109 - Identification Code | Provider Identifier |
| Subscriber Level | | | | |
| 146 | 2000D | HL | HL01 - Hierarchical ID Number | '4' – Hierarchical ID Number |
| 146 | 2000D | HL | HL02 - Hierarchical Parent ID Number | '3' - Parent ID Number |
| 147 | 2000D | HL | HL03 - Hierarchical Level Code | '22' – Subscriber Information |
| 147 | 2000D | HL | HL04 - Hierarchical Child Code | '0' – No Subordinate HL Segment in this Hierarchical Structure |
| 148 | 2000D | DMG | DMG01 - Date Time Period Format Qualifier | 'D8' – Date Expressed in Format CCYYMMDD |
| 149 | 2000D | DMG | DMG02 - Date Time Period | 'CCYYMMDD' Recipient Date of Birth |
| 149 | 2000D | DMG | DMG03 - Gender Code | 'F' – Female 'M' – Male 'U' – Unknown |



| 277 Claim Status Response | | | | |
|-------------------------------------|-------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| Subscriber Name | | | | |
| 150 | 2100D | NM1 | NM101 - Entity Identifier Code | 'QC' – Patient |
| 151 | 2100D | NM1 | NM102 - Entity Type Qualifier | '1' – Person |
| 151 | 2100D | NM1 | NM103 - Name Last or Organization Name | Member Last Name |
| 151 | 2100D | NM1 | NM104 - Name First | Member First Name |
| 151 | 2100D | NM1 | NM108 - Identification Code Qualifier | 'MI' – Member Identification Number |
| 152 | 2100D | NM1 | NM109 - Identification Code | 'GA Member Medicaid ID' |
| Claim Submitter Trace Number | | | | |
| 153 | 2200D | TRN | TRN01 - Trace Type Code | '2' – Referenced Transaction Trace Numbers |
| 153 | 2200D | TRN | TRN02 - Reference Identification | Patient Account Number |
| 154 | 2200D | STC | STC01 - Health Care Claim Status | Health Care Claim Status (ANSI X12N code source 507) |
| 154 | 2200D | STC | STC01-1 - Industry Code | Claim Status Category Code (ANSI X12N code source 508) |
| 162 | 2200D | STC | STC02 - Date | Status Effective Date |
| 162 | 2200D | STC | STC04 - Monetary Amount | Line Item Charge Amount |
| 162 | 2200D | STC | STC05 - Monetary Amount | Line Item Provider Payment Amount |



| 277 Claim Status Response | | | | |
|--|-------------|----------------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| 164 | 2200D | STC | STC10 – Health Care Claim Status | STC10 is used if a second claim status is needed |
| 164 | 2200D | STC | STC11 – Health Care Claim Status | STC11 is used if a third claim status is needed |
| 210 | 2200E | REF | REF01 - Reference Identification Qualifier | '1K' – Payor's Internal Control Number (ICN) |
| 210 | 2200E | REF | REF02 - Reference Identification | Payer's ICN |
| Service Line Information | | | | |
| 174 | 2220D | SVC | SVC01-1 – Product/Service ID Qualifier | Values listed in Implementation Guide |
| 175 | 2220D | SVC | SVC01-2 – Service Identification Code | Product/Service ID Note: If the value in SVC01-1 = 'NU' this element will equal the Revenue Code and the SVC04 will not be used. |
| 175 | 2220D | SVC | SVC02 – Monetary Amount | Original Submitted Charge |
| 176 | 2220D | SVC | SVC03 – Monetary Amount | Line Item Paid Amount |
| Service Line Status Information | | | | |
| 177 | 2220D | STC | STC01-1 – Industry Code | Claim Status Category Code (ANSI X12N code source 507) |
| 178 | 2220D | STC | STC01-2 – Industry Code | Claim Status Code (ANSI X12 code source 508) |
| 185 | 2220D | STC | STC02 – Date | Status Date Date expressed as CCYYMMDD |
| 185 | 2220D | STC | STC04 – Monetary Amount | Detail Line Original Submitted Charge |



| 277 Claim Status Response | | | | |
|---|-------------|----------------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| 185 | 2220D | STC | STC05 – Monetary Amount | Detail Line Paid Amount |
| 185 | 2220D | STC | STC10 – Health Care Claim Status | STC10 is used if a second detail claim status is needed |
| 186 | 2220D | STC | STC11 – Health Care Claim Status | STC11 is used if a third detail claim status is needed |
| Service Line Item Identification | | | | |
| 187 | 2220D | REF | REF01 – Reference Identification Qualifier | 'FJ' – Line Item Control Number |
| 187 | 2220D | REF | REF02 – Reference Identification | Line Item Control Number |
| Service Line Date | | | | |
| 188 | 2220D | DTP | DTP01 – Date/Time Qualifier | '472' – Service |
| 188 | 2220D | DTP | DTP02 – Date Time Period Format Qualifier | 'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 189 | 2220D | DTP | DTP03 – Date Time Period | Service Line Date |